

Jose
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MAY 13 1993

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 18776
START CARD # 106771

WATER RESOURCES DEPT
SALEM, OREGON

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
Name Gary Fixsen
Address 2249 Williams Hwy
City Grants Pass State Oregon Zip 97527

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 240 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Bentonite	0	20	8
6	18	240				

How was seal placed: Method A B C D E
 Other Dry Poured
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+2	32	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 32

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
<u>1 1/2</u>		<u>240</u>	<u>1 hr.</u>

Pump Bailer Air Artesian
Temperature of water 53 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Josephine Latitude _____ Longitude _____
Township 36 N or S Range 5 E or W. WM.
Section 30 NW 1/4 SW 1/4
Tax Lot 203 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2249 Williams Hwy

(10) STATIC WATER LEVEL:
110 ft. below land surface. Date 5/4/98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 118

From	To	Estimated Flow Rate	SWL
118	119	1	110
139	140	1/2	110

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Decomposed Granite-Brown Consolidated	0	32	
Decomposed Granite-Consolidated Brown-Black White	32	42	
Tombstone Granite-Consolidated Black-White	42	240	

Date started 5/1/98 Completed 5/4/98

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed Michael Pierce WWC Number 1251 Date 5/8/98

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Michael Pierce WWC Number 1251 Date 5/8/98